

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER Majestic Oaks Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 333 Newtown Road Warminster, PA 18974	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>43923</p> <p>Based on a review of clinical records, facility policies, and interviews with staff and residents, it was determined that the facility failed to implement comprehensive, person-centered care plans for one out of the seven records reviewed (Resident R1).</p> <p>Findings include:</p> <p>Facility policy titled Care Plans, Comprehensive Person-Center last revised December 2022 revealed A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. It further states Each resident's comprehensive person-center care plan is consistent with the resident's right to participate in the development and implementation of his or her plan of care.</p> <p>Review of Resident R1's clinical record revealed admitted on August 8, 2023, with diagnoses of cerebral infarction (typically caused by a blood clot or plaque buildup in the arteries, depriving brain cells of oxygen and nutrients, resulting in cell death), hemiplegia and hemiparesis, lack of coordination, adjustment disorder with mixed anxiety disorder,</p> <p>Review of Resident R1's comprehensive care plan last revised on January 11, 2024, revealed that resident refuses or resists care in the following areas hygiene/bathing interventions allow extra time to communicate effectively, if resisting or refusing care, leave resident alone and try again at later time, refusal of care or treatment reviewed with responsible Party.</p> <p>A review of the internal investigation included a written statement for agency nursing aid Employee E5, which revealed that Employee E5 failed to follow the care plan for Resident R1 by I was undressing the resident so he can get to bed. Prior to changing resident R1 I laid disposable chucks on the bed. I'm not sure if that offended him but Resident R1 demeanor changed rapidly. He started swinging and kicking. I began to restrain (hold) his legs so that I didn't get kicked. leading to an escalation of the situation.</p> <p>On September 16, 2024, at approximately 1:41 p.m. an interview with Administrator, Employee E1 and Director of Nursing, Employee E2 confirmed that agency staff nursing aid, Employee E5 did not follow the care plan for Resident R1.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code: 211.12(d)(1)(5) Nursing services

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>43923</p> <p>Based on review of personnel files, facility documentation and interviews with staff, it was determined that the facility failed to ensure that nursing staff possessed the required skills to properly care for residents' needs for three of three personnel files reviewed related to skills competencies evaluations (Employees E5).</p> <p>Findings include:</p> <p>Review of Employee E5's personnel file revealed that the employee was agency employee worked on September 9, 2024, hired, as a nursing aid.</p> <p>A review of the internal investigation included a written statement for Employee E5, which revealed that Employee E5 failed to follow the care plan for Resident R1, leading to an escalation of the situation.</p> <p>On September 16, 2024, at approximately 1:41 p.m. an interview with Administrator, Employee E1 and Director of Nursing, Employee E2 confirmed that agency staff nursing aid, Employee E5, was not being evaluated on their competency to ensure nursing employees possess the required skills to properly care for resident's needs and are oriented to the facility practices and care plans.</p> <p>28 Pa. Code 201.19(7) Personnel records</p> <p>28 Pa. Code 201.20(b) Staff development</p>		